

Case Number:	CM13-0007152		
Date Assigned:	12/18/2013	Date of Injury:	10/25/2011
Decision Date:	02/14/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61 year old female who apparently sustained an industrial-related injury on 01/17/2011 involving Low & Mid Back. The patient states that on January 17, 2011 she lifted client up from the bedside toilet and placed her on the bed. As she was picking her up again from the bed to move her up a little bit, she experienced severe sharp pain and popping in her mid back with radicular pain upper and lower back and into her knees. The patient has not seen any doctors or has been provided any type of treatment for her injuries. The patient complains of constant sharp stabbing pain in her mid back. The pain is located underneath her shoulder blades and radiates up into her upper back and down her lower back. The pain is increased upon sitting, standing, walking for any length of time crossing her legs, bending at" her waist, twisting, stooping, pushing, pulling and lifting and/or carrying over 5 pounds. She experiences stiffness in her back and has difficulty changing her body position, getting up from a sitting position and upon straightening up from a bent over position. She experiences weakness, numbness and tingling in her right buttocks, she experiences increased back pain upon coughing and sneezing. The patient states that the pain awakens her from sleep nightly. The pain is rated today as a six to seven. On a 1-10 pain scale it is a nine at its worst and a five at its best. At issue is the request for physical therapy 2x5 which was denied.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

. Physical Therapy 2x5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: CA-MTUS (Effective July 18, 2009) Chronic Pain Medical Treatment guideline, section of Physical Medicine, Page 99 allows for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home . ODG Treatment Guidelines: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end. Based on the above guideline, the request of Physical Therapy 2X5 is not medically necessary.